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Nursing the Surgical Patient

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OUR subject is "nursing the surgical patient" rather than "surgical nursing" and is therefore indicative of the emphasis placed upon nursing the patient as a thinking, feeling, human being, whose emotional reactions have to enter into our planning. Mental hygiene occupies an important place in the curricula of medical and nursing schools. It has as its aim the promotion of mental health by helping the individual to adjust to his environment in order that he may approach life with confidence and optimism. Fear is one of the emotional disturbances which mental hygiene seeks to eliminate and we know that doctors have refused to operate upon patients who manifest abnormal fear or nervousness.

The newer anaesthetic agents are a tremendous help with this type of patient, but the element of danger, fear of the unknown, or even of the anaesthetic itself is present to a greater or less degree with practically all who have to undergo an operation. Sometimes with a quiet individual, we get our first real indication of this fear at that stage of anaesthesia when inhibitions are lifted. We know that fear and dread predispose to shock. What can we do to prepare our patient mentally for the ordeal? Surely our best guide is common sense, the ability to place ourselves in his position, and to decide how *we* should react to the same conditions.

A frank discussion of what is required of the patient, and why certain procedures are carried out, is often the surest way of winning his co-operation, and building up his courage and morale. If, for example, the hospital routine following a cataract extraction is to tie the hands at night and during sleep, this should be explained to the patient, preferably a day or two before operation, in order that he will not be alarmed when all is dark, and he is told, perhaps by a strange person, that his hands will be tied to the sides of the bed. Even though the reason may then be explained to him, it is not so readily under-

stood; we all know that fears are magnified in the darkness of night.

A good surgical nurse must be able to appreciate her patients fears and feelings, and to appreciate differences in individual temperaments, which may require different adjustment methods. Pre-operative patients should be segregated in a ward other than that in which patients are recovering from anaesthesia, particularly those who are moaning or suffering. They should not see dressings of any kind. The patient should be inspired with full confidence in his doctor, in the hospital, and in the nursing service. This results in a feeling of security which definitely offsets some of the fear and dread. Placing the pre-operative patient near patients who are making good recoveries and clamouring to be out of bed is good mental preparation. A good night's rest should be assured. The nurse should see that the patient is prepared for sleep, mentally and physically, and that his surroundings are such as to be conducive to it.

The trend in medicine and nursing today is decidedly towards the preventive aspects. Why wait until a patient develops a chill following an intravenous or a blood transfusion, when giving an extra blanket, a hot water bottle to the feet, and seeing that the chest and body are well covered, will in the majority of cases prevent that chill. Remember, too, that intravenous fluids must be freshly prepared and properly sterilized.

Prevention of shock and chest complications is of great importance. Fear and dread are predisposing factors in shock, partly as a result of the lessened heat production within the body. Therefore extra warmth must be provided not only in the operating room and post-operatively, but also during those long hours while the patient is waiting —and fearing—to go to the operating room, as well as while being conveyed there. We are all familiar with the expression: "cold with fear" or "paralyzed with fear". With old people, all their powers of resistance are reduced and they are therefore more apt to suffer from shock. Their bodies produce less heat, and therefore special care must be taken to see that they are made warm and kept warm.

A body which is well-nourished and well supplied with fluids is less apt to show signs of shock after operation. This also helps to prevent acidosis. Patients should be encouraged to drink large amounts of fluids within twelve hours of operation, then restricted amounts allowed until within two hours of operation—except, of course, in the presence of special instructions to the contrary. This flushes the kidneys, supplies the tissues with fluids, improves the circulation, and helps to carry away toxins and waste materials. The use of drastic cathartics which drain the body of fluids is largely a thing of the past. The patient should be well supplied with carbohydrate foods. Some surgeons prescribe a box of chocolates on the day before the operation. More common is the order for 30 grams of glucose, in 500 c.c. or more of lemon juice and water. Following the operation, unless definitely contra-indicated, fluids are again given freely as soon as tolerated.

The prevention of post-operative chest complications is also begun prior to operation. The surgeon should be informed if the patient has a cold, or an unexplained rise of temperature. Old people, particularly, should be protected against chilling and yet should get a sufficient supply of fresh air. The care of the mouth and the teeth cannot be too strongly emphasized in the prevention of post-operative chest complica-

tions. With the insertion of the airway, the possible struggling of the patient during the anaesthetic, and the changes in breathing, foreign material about the teeth or mouth may easily be dislodged and aspirated, and thus may be responsible for a resulting pneumonia, lung abscess, or possibly a partial or total atelectasis. The patient should the supplied with a tooth brush and mouthwash and should be shown how to brush the teeth with an up-and-down motion in order to remove all particles from between the teeth. The mouth should be thoroughly rinsed after the brushing. One internationally known surgeon felt this thorough pre-operative cleansing of the mouth to be so important that he had mercurochrome used as the mouthwash, in order that there could be no doubt whatever about the patient having used it!

Artificial dentures must be removed before the patient leaves the ward, and the hospital routine regarding their disposal and safety followed. Any loose teeth should be reported. When the muscles are relaxed, false teeth may fall and interfere with breathing, or become broken. A loose tooth may be easily dislodged and aspirated into the respiratory tract. The wedding ring should be securely tied by means of tape or bandage about the wrist. All other jewelry, bobby pins, hairpins, valuables, should be removed and carefully locked away. Some head nurses check these points personally while going with the patient to the operating room.

Prior to operation, the surgeon has probably planned to restrict the secretion of mucus by ordering atropine. On the patient's return to the ward, the head should be kept low and turned to one side to facilitate the expulsion of mucus or vomitus and lessen the danger of aspiration. If mucus is accumulating in the throat the patient should be turned on her side with the head low to allow the mucus to flow forward and thus to free the respiratory passages. A gauze sponge, clamped on an artery forcep, may be used to remove mucus from the throat. A rubber catheter and syringe, or an electric aspirator, may be used where there is continued secretion. Partial or total collapse of the lung has been explained by the theory that a plug of mucus has blocked a bronchus thus shutting off the air supply to that part of the lung, and the air, which has been beyond the block, has been absorbed by the lung.

Following brain operations, when the coughing and swallowing reflexes have been interfered with, in the presence of mucus in the throat the patient is frequently turned completely on his face, the mattress pulled through or over the foot of the bed, and the face placed in a horse-shoe shaped headrest, made of spongy rubber which is soft and comfortable, and the mucus is allowed to drain into a container on the floor or on a stool under the bed.

Another important measure in the prevention of post-operative pneumonia is to keep the patient moving. This supplies sufficient exercise to improve the circulation and to be of some use in the prevention of phlebitis, perhaps in the prevention of adhesions, and certainly in the prevention of pressure sores. It also helps to cause expulsion of troublesome flatus. This does not mean that a sick post-operative patient should be required to move herself about in bed, but that by having sufficient assistance, the nurse looking after the patient may (with few exceptions) turn her on one side, adequately support her and make her comfortable. A pillow against the abdomen often helps. In a short time turn her on her back or her other side (if allowed on account of drainage), or elevate or lower the head or foot of the

bed. One surgeon, who always insists upon a gatch bed for his post-operative abdominal patients, will not allow the foot of the bed to be elevated. He *wants* his patients to slip down in bed because then they must be helped up again and so insure some movement!

A post-operative patient should not have so many pillows that his neck and shoulders are pushed forward and his chest movements restricted. Pillows should be so arranged that the maximum chest expansion is obtained, and the patient should be encouraged to breathe deeply and at frequent intervals. On the other hand, deep breathing and frequent moving may be contra-indicated in the presence of a spreading peritonitis where restriction of peristaltic action is desired. This should be ascertained from the surgeon and his instructions followed.

The use of the CO_2 bag or rebreathing bag, has become routine in some hospitals, or in some services, for all patients who have had either a general anaesthetic or a spinal anaesthetic. The increased concentration of CO_2 carried in the blood to the respiratory centre in the medulla, stimulates the patient to breathe more deeply, and thus to exercise the full lung area and prevent the pulmonary complications which otherwise might result. In the absence of the simple apparatus for this easy method of stimulating lung expansion, CO_2 and oxygen, in varying concentration, is used by the inhalation method. Paper bags, held as tightly as possible about the patient's nose and mouth to exclude as much outside air as possible, have been tried but probably are of no greater value than encouraging the deep breathing exercises already referred to.

It is important for nurses to realize that cyanosis of an anaesthetized patient is more apt to be due to a mechanical block, such as the jaw and tongue slipping back and shutting off the air passages, or to the throat being blocked with mucus, than to cardiac or pulmonary complications. The simple procedure of pushing forward the lower jaw will relieve the former obstruction, following which the use of an airway, or tongue forcep, or turning the patient over on his side, will prevent a repetition of the symptoms until muscular control has been regained. Should this simple measure, or the removal of mucus from the throat, prove ineffectual in relieving the cyanosis, the surgeon or his assistant should be promptly notified.

Following the acute post-operative stage, an old person especially should be kept as interested and active as possible. The nurse should discuss current events with him and see that he gets a chance to read the daily papers, has occasional visitors, takes an interest in ward activities, or otherwise has some occupation which keeps him mentally active and affords some degree of physical exercise. Such patients are usually ordered out of bed in the shortest time possible after operation.

In closing, I should like to quote the words of Florence Talbot: "Above all we try to impress on the students that the things which help the post-operative patient most are the little things that a good nurse will do without having to be told: to turn him gently; to support him with pillows when he is on his side; to keep the sheets tight; to rub his back each time he is turned; to apply an abdominal binder if he is coughing; to lower the bed gently when preparing to give a treatment; to have just sufficient bed clothing to keep him warm; to have the blankets high enough on the shoulders. All these nursing points help towards an easy, uneventful recovery, whereas an uncomfortable patient may vomit and bleed from a nervous reaction brought on by irritability."

Annual Meeting in Manitoba

GERTRUDE M. HALL

Executive Secretary,
Manitoba Association of Registered Nurses

A joint meeting of the Manitoba Hospital Association and the Manitoba Association of Registered Nurses was held at the Prince Edward Hotel, Brandon, on June 24 and 25, 1937. Col. F. J. Clark, representing the city of Brandon, gave the address of welcome. Then followed the annual meeting of the Manitoba Hospital Association. Dr. E. W. Montgomery, Director of Hospitalization of the Department of Health, led the discussion and replied to questions regarding admissions and collections for indigent patients and suggested uniformity of the regulations of the Manitoba Hospital Aid Act with that of other Provinces. "The place of the Women's Hospital Aid in the hospital" was the title of an excellent paper given by Mrs. Angus McDonald, president of the Hospital Aid of the Brandon General Hospital.

Miss Edith McDowell, instructress of nurses in the School of Nursing of the Winnipeg General Hospital, and president of the Manitoba Association of Registered Nurses, directed the discusson of the nursing curriculum. She dealt with the historical aspect of the Proposed Curriculum for schools of nursing in Canada, which is designed to formulate a curriculum which will prepare and equip the nurse to meet community needs. Miss E. McNally, assistant superintendent, Brandon General Hospital, discussed the content of the curriculum and the problem of administering such an educational programme in a small school. It was urged that the patient and the physician should not suffer neglect, and that an adequate staff be maintained to ensure efficient ward service at all times. Shorter hours of duty and longer hours of study are necessary if the student is to benefit from the proposed curriculum.

Dr. Frank Purdie, president of the Brandon and District Medical Association, discussed nurses and nursing from the standpoint of the rural physician. Dr. S. J. Pierce of Brandon gave a paper on "Minimum laboratory requirements in hospitals." The establishment of diagnostic centres throughout the Province was suggested as a means of overcoming the lack of adequate laboratory facilities. A brief intermission, during which tea was served, provided an opportunity for informal discussion. Then followed a round table conference led by Dr. George F. Stephens, superintendent of the Winnipeg General Hospital. A discussion of group hospitalization, medical records and purchasing proved both interesting and valuable to all present.

Hon. E. A. McPherson, K.C. was the guest speaker at the annual dinner. Although scheduled to give an address on the relation of the municipality to the hospital Mr. McPherson gave, instead, a review of the changes affecting hospitals in the last decade which led to a consideration of the school of nursing and the student nurse. An adequate living allowance for student nurses was suggested. The speaker contended that the proposed Curriculum was overcrowded and quite impossible of thorough application. An opportunity to discuss this controversial subject informally with the speaker was later provided at a reception given by the Brandon Grad-

uate Nurses Association at the home of Miss Gemmell.

"Dietetics in hospitals" was the subject dealt with by Miss Helen Morrison of the Brandon General Hospital, at the Friday morning session. The need for the employment of a dietitian, as an itinerant worker in rural schools of nursing, who would give lectures to the student nurses and assist in menu planning, budgeting and buying was again suggested.

Miss Evelyn Mallory, superintendent of nurses, the Children's Hospital of Winnipeg, gave an excellent paper on "Desirable living and working conditions for students and graduate nurses in hospitals." Unfortunately time did not permit for as full discussion as the members present desired. A consideration of health and community aspects of nursing education was the subject most ably presented by Miss Elizabeth Russell, director of nurses, Department of Health and Public Welfare. A plea for the addition of a properly qualified public health nurse to the teaching staff of the large schools of nursing was made.

At the kind invitation of Dr. T. A. Pincock, the medical superintendent, a visit was made to the Brandon Mental Hospital which was followed by a reception and tea when Dr. and Mrs. Pincock and Miss Dora Muir, superintendent of nurses, were host and hostesses.

The joint meetings proved so successful and beneficial that a motion was passed to repeat the experiment.

Canada at the Congress

Miss Ruby Simpson.

The departure of Canadian nurses for the International Congress of Nurses was marked by the cordial hospitality which was offered them by their colleagues in Montreal. A most enjoyable dinner was arranged by the Association of Registered Nurses of the Province of Quebec in honour of Miss Ruby M. Simpson, O.B.E., president of the Canadian Nurses Association. Miss Margaret Moag, president of the Association of Registered Nurses of the Province of Quebec and second vice-president of the Canadian Nurses Association, expressed the great pleasure of the provincial Association in welcoming the president of the Canadian Nurses Association. When Miss Simpson rose to reply, the members of the audience rose to their feet, and prolonged applause demonstrated the respect and affection which she has inspired, during her term

Miss M. F. Hersey, Miss J. I. Gunn, Miss C. M. Ferguson

of office, in every province in the Dominion. Miss Simpson spoke of the strength of the bonds which unite Canadian nurses and which transcend the inevitable differences of opinion which arise from time to time. "We are going to see that exemplified in London", Miss Simpson predicted, "the nurses assembled there from twenty-nine different countries will have differences of language and experience, but all will share the spirit of their profession, and that will hold us together as it has held the great international association for all these years."

Miss Grace Fairley, first vice-president of the Canadian Nurses Association, was warmly greeted. She expressed her pleasure in revisiting Montreal where, for some years, she served as superintendent of nurses in the Alexandra Hospital. Miss Jean Church, chairman of the Private Duty Section of the Canadian Nurses Association spoke of the eager anticipation with which she looked forward to the Congress. Miss Ethel Cryderman, president of the Registered Nurses Association of Ontario, regretted that she was unable to attend the Congress and thanked the Association of Registered Nurses of the Province of Quebec for the courtesy shown to her as the representative of the nurses of Ontario. Miss Barbara Whitley gave two extremely amusing monologues. The vote of thanks was moved by Miss Constance Lamontagne.

The accompanying illustrations show some members of the party who sailed on June 25 on the "Duchess of Atholl". Almost every out-going steamer since that date has carried a happy group of nurses. We await their return with eagerness and, in the September and October numbers of the *Journal*, are planning to tell our readers about their adventures. The official proceedings at the Congress will be commented upon by the president of the Canadian Nurses Association. Miss Cory M. Taylor, who is an "Old International", will prepare an informal day-to-day account of the Congress itself and will dispatch these to us as rapidly as possible. Miss Taylor is an amateur photographer of no mean powers, so we are

Miss Grace M. Fairley.

looking forward to some candid camera studies of outstanding personalities, if they can be caught unawares.

Every British nursing journal brings fresh news of the events which are being planned to make this occasion a memorable one. Representatives of the Canadian Nurses Association are being assigned a prominent part in the deliberations of the Congress and we are very proud of our five official delegates: Miss Simpson, Miss Fairley, Miss Moag, Miss Church and—last but not least—Miss Gunn.

THE VICTORIAN ORDER OF NURSES

Miss Lillian Wooding is transferred from our Winnipeg staff to take charge of the Elphinstone Branch at Gibson's Landing, B. C., which was opened on July 15. Miss Louise Curtis is transferred from the Toronto staff to take charge of the North York Branch.

Miss Syretha Squires has resigned as nurse-in-charge of our St. Catharines Branch to accept an appointment as Superintendent of Public Health Nurses for Newfoundland. Miss Ellen C. Linton has resigned as nurse-in-charge of the Kirkland Lake Branch and is replaced by Miss Hattie Hooper, who was transferred to Kirkland Lake from the Galt Branch and is replaced there by her former assistant, Miss Rena Shipley. Miss Sybil Everitt is replacing Miss Florence Laite as nurse-in-charge of our Moncton Branch. Miss Laite resigned to be married. Miss E. Story has resigned from the Montreal staff.

Miss Valma North has been appointed to our Edmonton staff. Miss Mary Scott has been appointed junior nurse on our Galt staff. Miss Doris Miller has been appointed temporarily as junior nurse on the St. Catharines staff. Miss Margaret Grieve has been appointed as nurse-in-charge of our Sherbrooke Branch, beginning her duties on August 1. Miss Ruth O'Neil has been appointed to our Border Cities staff. Miss Elphigina Parenteau has been appointed temporarily to our Moncton staff. Miss Jeanne Bertrand has resumed her duties as nurse-in-charge of the Pointe Claire Branch after a year's leave of absence, during which time she completed the course in public health nursing at the University of Montreal.

Miss Janet Burnett is relieving in Kitchener for the summer months. Miss Laurette LeBeau, Miss Grace Ewing and Miss Essie Tamplin are relieving on the Ottawa staff for the summer months. Miss Mariette Bouchard and Miss Ilene McCormack are relieving on the Lachine Branch for the summer months. Miss C. McDougall is relieving temporarily on the York Township Branch. Miss E. Corbett is relieving on the Kingston Branch for July and August. Miss D. Driffield is relieving in Brockville for July and August. Miss Arlie E. Wright is relieving temporarily on the Cornwall staff.

The following graduates of the Course in Public Health Nursing, University of Toronto, 1936-37, are relieving on the Toronto Branch: Miss G. Clarke, Miss C. O'Neill, Miss E. Gordon, Miss N. Cotton, Miss E. Mitchell and Miss A. McLean. The following graduates of the Course in Public Health Nursing, McGill University, 1936-37, have been appointed as relief on the Montreal staff: Miss C. Small, Miss G. E. Spriggs and Mrs. LeBlond.

THE EDITOR'S DESK

Real Nursing

Our leading article is devoted to a study of nursing the surgical patient. The author, Miss Katherine Jamer, makes it quite clear that she is not primarily concerned with abstractions but rather with a human being who has undergone, or is about to undergo an operation. The state of mind in which the patient finds himself when confronted with such an ordeal is never overlooked. The physical effects of fear and anxiety are intelligently described and sympathetically understood. This article is drawn to the attention of instructors because it will give student nurses a vivid picture of what nursing might be if it were practiced as an art as well as a science.

Reader's Guide

Under the caption of the department of Private Duty Nursing, you will find a further discussion of the problems associated with the nursing care of patients suffering from alcoholism. We do not think the last word has been said on this vexed question and would welcome other expressions of opinion. △ This month we conclude the excellent series of articles on Orthopedic Aspects of Nursing written by Miss Marion Ballantyne. In this issue, she gives some practical advice regarding the handling of these patients in their own homes. △ The position of provincial adviser to schools of nursing carries with it a great responsibility and an even greater opportunity. The potentialities of such an office are unique and can be developed to a high point of usefulness only when they are thoroughly understood by the entire nursing group. Miss Kathleen Ellis, who has recently been appointed provincial adviser for Saskatchewan, gave a clear exposition of her conception of her duties at the annual meeting of the Saskatchewan Registered Nurses Association. This we are now privileged to publish under the title of "Advisers to Schools of Nursing".

Getting Together

An acute observer of the nursing scene once said that there seems to be an atmosphere of unreality about our carefully planned curriculum. Certainly when we begin to carry it out in terms of action we must come to terms with prevailing conditions in schools of nursing. The most difficult task which confronts us is that of convincing the boards of directors of hospitals that our ideas are sane and practical. The Manitoba Association of Registered Nurses had the courage, at its annual meeting to boldly state its convictions and to explain the educational principles upon which they are based to the authorities of the Manitoba Hospital Association. There is great need, in every province in Canada, for close and sympathetic co-operation between the Provincial Hospital Association and the Association of Registered Nurses. It is evident from Miss Hall's report that both Associations are sure that frank discussion will soon lead to a better understanding.

International Headquarters

The *Journal* has been asked to give prominence to an announcement of the change of address of the Headquarters of the International Council of Nurses. On and after June 15, 1937, the Headquarters address of the International Council of Nurses and of the *International Nursing Review* will be 51 Palace Street, London, S.W.I., *not* 14 Quai Gustave Ador, Geneva, Switzerland, as formerly. The annual subscription to the *International Nursing* Review will be at the rate of eight shillings (English currency).

Dame Sarah Swift

Dame Sarah Swift, one of the founders of the College of Nursing, died at her London home, on June 27, 1937 at the age of eighty-three, after a short illness. The *Journal* is indebted to *The Nursing Times* for the following details concerning Dame Sarah's remarkable career:

Sarah Ann Swift was born at Kirton, near Boston, Lincs., on November 22, 1854. Following her "instinct", as she once said, she entered the Dundee Royal Infirmary in 1877, as a probationer, and after three years obtained the hospital certificate. She then became acting matron of the Dundee Home for Incurables, and stayed there till 1886. In 1887 she was ward superintendent of the City Infirmary, Liverpool, and later night superintendent of the London Fever Hospital. She then visited New York, and eventually her travels led her to Constantinople, where she worked in the Seamen's Hospital. In December, 1890, she entered Guy's Hospital as a "lady pupil", and became in turn assistant matron, lady superintendent of Guy's Trained Nurses Institute, and eventually, in 1901, matron of Guy's Hospital itself, which post she held till 1909.

The next great milestone in Dame Sarah's life came early in the War, when her powers of organization were soon enlisted and she became Matron-in-Chief of the British Red Cross Society and Order of St. John, interviewing and selecting staff and later inspecting the hundreds of Red Cross hospitals recognized by the War Office both at home and abroad. In 1916, Dame Sarah was awarded the Royal Red Cross (First Class); in 1919 she became Dame Grand Cross of the Order of the British Empire. But long before Dame Sarah had been accorded this honour the College of Nursing had been founded. The idea she had conceived many years before the War and in a sense because of the War, since it was then that the immediate need for recognized standards of nurse training became apparent and the future need to distinguish the trained nurse from the many untrained but willing workers who had rushed into the breach and picked up the art of nursing as they went along, was foreseen.

And so the College grew and prospered with the help of Sir Arthur Stanley, Sir Cooper Perry, and many prominent matrons of the day. Miss Rundle became its first secretary, after the War the Women's Tribute Fund helped to endow it, together with its first cousin, the Nation's Fund for Nurses, and Lady Cowdray became interested. Dame Sarah took a leading part in all these activities, holding the office of president from 1925 to 1927, and serving for many years as one of its honorary treasurers.

It is impossible to mention the many nursing and other activities which were honoured by Dame Sarah's help and counsel. It would be true to say that she participated in nearly all. She was one of the prime movers in the establishment of a trained nursing service for H. M. Prisons, and she succeeded Dame Mary Scharlieb as chairman of the Voluntary Advisory Nursing Board at Holloway (women's) Prison. She continued as Matron-in-Chief of the Nursing Division of the British Red Cross Society after the War until 1935. She took a prominent part in the work of the Nation's Fund for Nurses, the Cowdray Club, the Junius S. Morgan Fund, the Florence Nightingale International Foundation, the Central Council for District Nursing and of some of the constituent societies of the National Council for Maternity and Child Welfare. To the only reporter who to our knowledge ever succeeded in obtaining an interview with her, Dame Sarah dismissed the long list of activities as "what I call my odd jobs." For these "odd jobs", never lightly undertaken but always efficiently discharged, Dame Sarah was awarded, besides her other honours, the Nightingale Medal, and was made a Lady of Grace of St. John of Jerusalem.

Advisers to Schools of Nursing

KATHLEEN W. ELLIS
Adviser to Schools of Nursing
Saskatchewan Registered Nurses Association

In its original form, the title of this article was: "The provincial adviser and her relation to the community". It was chosen with design. To function effectively, the responsibility of the school adviser to the community must be recognized and provision made for it. May we not then, regard her as a means to an end, one of the routes by which we are going to reach our goal, and what is this? Not long ago, the president of the Canadian Nurses Association said that the objective of all professional effort was to provide a better service for the public by assuring more adequate preparation of the nurse. With this better service, have we not a right to expect greater individual satisfaction for the worker? Self-discipline and self-control, resulting in good adjustments, are recognized as the most direct sign-posts to happiness. Those nurses who hold steadfastly to that "something" that makes nursing so well worth-while, have already discovered this secret.

I sometimes think that as a profession we are like the two clergymen, equally convinced of the infallibility of their individual faiths, who became involved in an argument so heated that their hostess remonstrated and suggested that an apology was in order. One young man readily agreed, for said he: "It is shameful that we should quarrel when we are both doing the Lord's work, *you in your way and I in His.*" Are we not prone to take this very human viewpoint, and to feel that our way is the chosen way, even though we must tolerate the ideas of the less enlightened? Not being too directly identified with any of the recognized fields of nursing, our adviser may take a more objective attitude and serve to unite and to strengthen the various efforts by which we hope to accomplish the same end. Is there any institution that has not something too good to be lost? So the adviser becomes a messenger of good news.

It is only through interpretation that we come to see "curriculum" and "nursing education," (words that I believe are anathema to hospital administrators), as methods by which we shall procure better service for the public, with more satisfied individuals rendering it. Students will be looked upon as potential public health and private duty nurses; hence schools for nurses will be the direct interest and concern of professional as well as lay groups. Is it too much to hope that the adviser may serve as a connecting link?

In an article entitled: "Who is concerned with reform in nursing education", a lay authority, Dr. Samuel Capen, answers his own question by saying: "Teachers in schools of nursing, of course; those members of the profession occupying executive positions, of course; state and provincial education officers, of course; but the public is also concerned with the quality and quantity of professional service, hence it is concerned with professional education. It is just as much concerned with nursing education

as with medical education, or with the training of teachers. The community's responsibility in this matter is plain. Experience has shown that it will pay as soon as it understands."

Growing interest on the part of the lay organizations is one of the most encouraging of recent developments. During the brief period that has passed since I took over my duties, requests for information have been received from two organizations whose influence may be far reaching. Therefore, one of the primary functions of the adviser must be to supply and interpret pertinent information and to stimulate interest in nursing in all its implications. She should serve as one of the most fruitful channels through which community needs and nursing problems become known to the public.

While advisers, school visitors—call them what you will—are still few in number, we have travelled a long way since "supervision" was regarded as "inspection" only, and visits were in the nature of "investigations". In discussing the functions of the adviser, Dr. Weir visualizes her as working with the advice of a representative "Council of nurse education", the controlling vote being held by nurses. He speaks of her position as one that should be advisory and educative rather than inquisitorial, but vested with authority and supported by the best representation that the community has to offer.

What of her preparation? In "The Survey of Nursing Education in Canada", we meet her as an "inspector" and find that she should have "academic standing equivalent at least to matriculation". So rapidly are the standards of education advancing that many today feel that collegiate qualifications should be a requirement. She should preferably have had experience in teaching in a public school, as well as in a school of nursing. Dr. Weir adds that a normal school training would prove a distinct asset and recommends that she should have at least five years of nursing experience, including private duty, successful experience as a superintendent of nurses in a hospital of at least medium size, and postgraduate work in a Canadian or other approved University. I should like to extend this preparation to ensure a practical understanding of public health problems.

We all agree that the adviser must be possessed of tact, sound judgment and a personality that instills respect and merits co-operation and that she must have a sound grasp of the principles of education and be conversant with recent developments in the fields of educational psychology and sociology, but with it all, our adviser must be intensely human, with a sympathetic understanding of individual weaknesses and difficulties. She must be a woman of maturity, with broad experience of a cultural as well as of professional nature.

The adviser and her committee concern themselves with all that affects minimum standards, curricula, supervision and registration of all schools meeting the minmum standards. Last, but of great importance, are the advertiser's visits and her reports as a result of these. Her concern is primarily with the teaching of students but we know that good teaching can only take place where good nursing is effected, so she must become conversant with the nursing practices carried out in each institution. Semi-annual visits, and the grading of schools are suggested. In the latter recommendation is implied a responsibility to potential students, who out of an abundance of information often meaningless to them, have to choose the school with which their future is to be permanently identified.

It has been remarked that curricu-

lum, soundness of teaching methods, qualifications and preparation of the staff, all that affects the tone of the school are more important than the style of architecture or equipment. A statement that we are willing to accept, while remembering that certain factors regarding building and equipment have a direct bearing on present teaching and the future progress of any school. More and more, in general education, are certain physical facilities recognized as essentials to good teaching.

To use modern equipment intelligently does not mean to use it mechanically. Good equipment and teaching facilities cannot detract from a student's resourcefulness—the methods by which she is taught to use them, may. The best equipment in the world, the most modern appointments are of little use in the hands of over-worked, inadequately prepared or indifferent students, or poor teachers. Without good records, the interpretation of their significance is impossible.

Undertaken in a spirit of co-operation and understanding, there are many reasons why personal visits are important. In order to function effectively, there is necessity for adaptation to local needs and how can we understand these if we have not come into contact with them? How many of us have filled in questionnaires, as truthfully as possible, and sent them on their way realizing that they are but poor word pictures of the real situation? A few minutes spent in conversation, or a few hours of actual contact are infinitely more enlightening. Special preparation for the teacher is essential, but the attendance at two or three classes reveals more about the quality of teaching than many letters after the instructor's name. Suggestions thought through after being in touch with busy wards, harassed hospital executives, and depleted bank accounts are apt to be more fruitful than those thought out at an office desk. Through a visit of discernment, not one of criticism alone, a closer relationship is established. Any hospital that assumes the educational responsibility of conducting a school of nurses, should be privileged to receive adequate supervision by a competent inspector. Registration of professional institutions is the first step in safeguarding the licensing system of the province and in protecting the public.

As a former superintendent of nurses, I can readily see other benefits that we may hope to secure from visits. Burdened by routine, or thankfully accepting a respite from "surprises", without outside incentive we are too apt to welcome such rest periods as days for well-earned relaxation rather than as times for accomplishment. It is a natural reaction, but not a healthy attitude for the progress of our school. All business concerns recognize the necessity for at least a yearly audit. It is essential before we can announce with any degree of assurance that our accounts are in order.

What if preparations are made for these visits? Such preparations must entail self-analysis, evaluation and even re-organization. Temporary changes perhaps, but a recognition of defects. Are not our most effective efforts put forth for the respected guest, one with whom we feel free to discuss and to share our problems? I can even hope that the visitor might be sincerely welcomed by the superintendent of nurses and leave her feeling cheered and encouraged, above all, stimulated to further endeavour, not deflated and resentful. Nor does this suggest the quiet acceptance of undesirable conditions, nor the condoning of weaknesses that should not exist. The most lasting reforms are the result of co-operative effort and continuous rather than sudden change. Reforms made in response to a need that has made itself felt.

It seems well that in many provinces the duties of registrar have been combined with those of school adviser. As registrar, by personal contact, our adviser becomes familiar with Association problems. As adviser, she deals indirectly with the nurse as a student and later with her as a product of the education that she should share in planning and directing. The time no doubt comes, when a separation of duties is desirable, even essential, but the adviser's interest and contact with association affairs should continue. She must never lose touch with the actual problems of the community and of nursing; her usefulness depends upon a practical appreciation of these.

And what have we got to say about the adviser and her responsibilities in connection with the examinations for the registration of nurses? Is the criticism that has so justly been levelled at these, a reflection upon her administration? What part has she been called upon to play in their preparation? Recognizing that the Board of Examiners must be a group with special preparation for the educational functions they assume, the adviser's influence should be used to bring into proper relationship, conditions in schools, community and professional needs and the responsibility of the members of the Board in connection with these. If such examinations are not to become a perfunctory method of discrimination, someone must concentrate upon the necessity for constant study and change, upon readjustments and adaptations to bring them in line with modern advancement. University support and direction should lend prestige and strength, but it does not relieve a profession of its continuous obligations to its members and to the public.

A great teacher has said: "One should learn by experience and test by experience. One should believe in a thing only as it is justified by the consequences when one tries it out." Saskatchewan has undertaken an experiment, one that has already proved itself in several other provinces. We do not suggest that you should wait many years to test it, but we do ask you to have patience and to bear your individual responsibilities in making it a success. We remind you that testing by experience means *use;* in order to apply the test intelligently and fairly, all who are concerned must contribute. It is only through the co-operative efforts of education and health authorities, boards and officers of individual schools, and members of our Association that we can hope to succeed. We need your faith, your understanding and your support.

In Northern India

ANNIE EDGAR

Nurse-in-charge, St. Luke's Hospital, Palampur, India.

St. Luke's Hospital, Palampur, is situated in the far north of India, 1500 miles north of Bombay, or two days and nights journey by rail from that port. To get to Palampur one travels through such historic cities as Agra, Delhi, Lahore and Amritsar before reaching the Kangra Valley, the most interesting district of the Punjab province. There in the Kangra Valley, where Palampur and the Mission Hospital are situated, is some of the most beautiful scenery in the world. Rice and corn grow in the summertime and wheat and flax in the winter, and one sees here and there in the valley such tropical vegetation as palm trees, orange, lemon, and mango trees and banana palms. There are roses at Christmas, flowering cactus hedges and all the other lovely things which flourish in a climate where the temperature for weeks at a time, is 110° and over. I myself spent two weeks of June in Kangra town when the temperature was 112° to 113° every day.

But there is a different picture elsewhere in the district because the valley lies between mountains. The southern mountains are low and unimportant but contain the remains of many prehistoric animals. The mountains to the north are world famous—that wonderful range that stretches right across India from the East to the West and which separates India from those almost unknown cities and countries of Central Asia—Tibet, Turkestan, Yarkland and Kashgar. The word Himalaya means "home of the snows" and on the face of these mountains which overlooks the tropical valley we have pine trees, oaks and other vegetation which belongs to a cold country.

St. Luke's Hospital, at Palampur, is almost in the shadow of mountains which rise to an elevation of 19,000 feet. It is a small hospital, supported by the Church of England in Canada, where the women and children of the villages surrounding Palampur are received. In 1935, sixteen thousand out-patients and nearly four hundred in-patients were treated and each year shows an increase in the number. Most of these patients come on foot and some come long distances. Last January, just before I left for Canada, a group of three women and several small children came two days march over the mountains for treatment at the hospital. We tried to persuade them to remain as in-patients but they said they had heard that our medicine was very good and it would be sufficient if they could get some of it to take home with them. They received the necessary medicine, spent about an hour at the hospital and then began their long tramp over the mountain passes to their homes.

We treat women and children suffering from every disease known in Canada plus a few that belong to the warmer regions, such as hookworm, malaria, dysentry and cholera. Leper patients are treated at a leper asylum three miles away which is under the direction of our Mission and where about seventy lepers live. It is estimated that there are over 2500 lepers in the district and very few of them are receiving treatment. They are free to move about the district as they wish and one might meet them at the roadside, in the buses or trains.

Many of our patients are suffering from early or late rickets (osteomalacia) and we are never without them as in-

patients in our wards. These women and children are in every stage of the disease —from slight enlargements of the joints and slight pain in the joints when moving, to children with legs so crooked that they resemble the letter S. Sometimes the joints are so deformed that the knees overlap and strike each other when walking. One sees protruding chests and crooked backs which cause pain with every movement. There are women who have not been able to walk or stand for years, women so deformed that they cannot lie either on face or back but must lie on their sides with their knees in a fixed position close to their chins, and always in pain.

Rickets is very prevalent and hence a great problem. There are probably more cases in our district than in any other district in the world. I made a survey of one village, and fifty percent of the men, women and children of that village had rickets either in its early or late stages. Sometimes in one family the mother and all the children are suffering from this disease. The happy side of the picture is that rickets can be cured, slowly but effectively, by cod liver oil, nourishing diet and massage. Our people do not suffer because of lack of sunshine as they do in some parts of the world but because of a diet insufficient in quantity as well as in quality.

Deformity due to rickets.

A woman who had been unable to walk about her house because of years of the pain and deformity of rickets was carried eight miles to our hospital in a basket. Even turning over in bed caused excruciating pain; yet with the ordinary treatment she was able at the end of six or seven months to walk eight miles to her home. Morni, age eight, had legs so painful and crooked that she could not stand. After six months in hospital, with the ordinary treatment of cod liver oil, good food and massage, she was able to walk away from hospital and we heard that a couple of months later she was helping in the work of the fields.

These patients remain in hospital from six to nine months and after they go home some one comes weekly to the hospital for cod liver oil. Needless to say we use great quantities of cod liver oil—from thirty to fifty gallons in a year—and with our limited funds it has been difficult to supply this. Fortunately for us, Miss Nora Hill, the All-India organizing secretary of the Red Cross Society, visited our hospital a few years ago, and interested herself in this particular disease. She afterwards wrote to the Norwegian Red Cross Society and told them about our work. They immediately got in touch with a firm in Norway which exports cod liver oil. This firm sent us the wonderful gift of sixty gallons of cod liver oil—two barrels—with all charges prepaid to a port of India, either Bombay or Karachi. Shortly after the receipt of the news of

this gift came the word that the Punjab Red Cross Society, whose secretary is Chaudhri Bashir Ahmed of Lahore, was paying all the duty and the freight charges from the port to Palampur.

This is not the only help that we have received from the Red Cross Society. Dr. Curjel Wilson, the Junior Red Cross Secretary for the Punjab, who was in charge of the All India Research Committee on rickets and osteomalacia has helped us for many years in the study of this disease and has given us much valuable advice. The Punjab Red Cross Society has for the past seven years given us an annual donation of Rupees 200 or about seventy-five dollars. Our work could never have been as effective or as far-reaching without this help. Is it any wonder that St. Luke's Hospital acknowledges a deep debt of gratitude to that great and philanthropic organization—the Red Cross Society.

An Indian ambulance.

AN INTERESTING APPOINTMENT

The appointment is announced of Miss Catherine Lynch, Reg. N., as superintendent of nurses and principal of the School of Nursing of the Winnipeg General Hospital. She will take over her duties on September 1, 1937. Previous to this appointment, Miss Lynch rendered efficient service as superintendent of nurses at the Provincial Mental Hospital, Ponoka, Alberta. Miss Lynch, who is a native of Manitoba, graduated in 1925 from the School of Nursing of the Winnipeg General Hospital. Subsequently she undertook postgraduate study in New York and recently obtained the certificate awarded in teaching and administration of the School for Graduate Nurses of McGill University.

Miss Lynch brings to her new position many qualifications which will help her to meet the heavy demands which will be made upon her. She is the happy possessor of both dignity and charm. She has already displayed a marked capacity for administration and has an excellent grasp of educational principles. She is genuinely interested in nursing, both as an art and as a science. The School which Miss Lynch will direct celebrates its fiftieth anniversary in June, 1938, and is one of the oldest and most honorable in Canada. Miss Lynch has the respect and affection of the Alumnae Association and may count upon the loyal support of its members in the important task she has undertaken.

Orthopedic Nursing in the Home

MARION BALLANTYNE

Orthopedic Supervisor, Visiting Nurses Association, Brooklyn, N.Y.

AN orthopedic nursing service in any community must first have the approval of the medical profession, if it is to succeed in its purpose. The attending physician must also be assured that the nurse or physical therapist is qualified to care for the patient in the home, under his instruction. The need for this specialized nursing service is becoming more and more apparent from the standpoint of the patient, the family and the hospital.

The field nurse is the one who, of necessity, is the first to see the patient in his home, and if trained to recognize orthopedic defects, can bring them to the attention of the physician for diagnosis and treatment. In many associations, nurses, experienced in public health, are given a postgraduate course in orthopedic nursing or physical therapy because the nurse's background and public health viewpoint make her the logical person to prepare for this specialized field. She must be trained to interpret to the parents the physician's findings and advice, and she must be able to carry out the physician's orders as to the care of the patient.

Frequently, the nurse is called upon to plan and arrange exercises to be given according to the degree of power present in the affected group of muscles. It is, therefore, necessary that she have a knowledge of the range of motion in the different joints and an exact knowledge of the action of individual muscles for muscle re-education.

It is her duty to maintain supervision of the patient until everything possible is done for the improvement and correction of the condition. She must teach the patient and family the need of self-reliance on the part of the crippled individual. The education and vocational guidance of the patient are of equal importance in his rehabilitation and it is often the nurse who is called upon to refer him to the proper agency.

The service offered in many communities is of two types: treatment and follow-up. The patients who require treatment in the home, are those who cannot go to the physician's office or to a clinic for treatment. This may be because transportation is difficult, or the paralysis is extensive, or the apparatus is cumbersome. The parent may be ill, or the mother pregnant, so that regular attendance is not possible. A mother who has a number of children to care for often finds it difficult to give the time required to attend the clinic regularly.

The nurse who is to give treatment in the house, must have a written order, which should be renewed at the time of re-examination or at least every three months. It is seldom that this written order gives specific instructions but refers in general terms to massage and exercises of the leg or arm, back or abdomen. This means that the nurse is

required to examine the patient, test the muscles, and plan the programme of exercises.

Some children are easy to approach, others are difficult. Some are afraid of being hurt, or of being taken back to the hospital, and the nurse may have to make two or more friendly visits before she wins sufficient confidence to proceed with the treatment. Besides being skilled in her work, the nurse must be educated in everything that interests the child. She must know "Who's Who" in football, baseball and hockey and be conversant with what Orphan Annie is doing, and so forth. Her creative ability is put to the test constantly in keeping the interest of a child over a period of years of treatment. Gold star charts of merit are used successfully with smaller children. These charts are bright coloured pieces of cardboard, squared off into spaces large enough for a small gold star, which is given at the termination of each effective treatment. Winning a star depends upon the behaviour and co-operation of the patient. Usually a picture of a child is placed on the upper part of the chart which portrays a desired activity. For example, if the patient's leg is affected, the picture of a child on roller skates, is a reminder of future possibility, if he puts forth a sincere effort. It is a good policy to insist that the mother or some other adult be present at the time of the nurse's visit, so that she will know exactly what the nurse does.

The examination begins with the nurse observing the patient's walking and sitting posture, because, though only one arm or one leg be affected, continuous observation of the back is necessary in order to detect the first signs of a beginning of curvature. The patient is then placed on a table, usually the kitchen table, which has been covered with a padding of blanket, over which is placed a sheet of heavy wrapping paper. The paper is used to eliminate friction, and allow the patient freer motion. The patient is then stripped, and a complete muscle test is made. The examination consists of exercises graded to determine the degree of power of a muscle with relation to gravity and resistance. Each muscle rating is recorded on a muscle chart.

A re-examination is made every three months. If the patient's condition improves fairly steadily, it is wise to show the muscle rating to the parent. If there is no change, it is advisable not to comment upon it, because it only adds to the discouragement of the parent.

After the rating has been made, a programme of exercises is planned. Exercises are given slowly and gradually increased in number, but never to the point of fatigue. The arc of motion is always completed. Particular attention is given to the position of the part in relation to the body during treatment in order to insure true motion. A member of the family, usually the mother, is taught the treatment, with the knowledge and approval of the physician, and gives it on the days the nurse does not visit. Many mothers become so proficient in giving the massage and exercises that, with the consent of the physician, she may carry on the treatment with only an occasional supervisory visit of the nurse.

The orthopedic nurse never loses sight of the health of the other members of the family. If general nursing care is needed for an acute condition, she gives it. When possible, the acutely ill patient is referred to the general nurse. The concern of the nurse is not limited to the physical health of the group, but includes the mental health as well. Oftentimes, more often than one would

care to admit, the nurse finds a feeling of rejection of the cripple in the home, either by the family or some members of society. Needless to say, the problem thus created is one of limitless ramifications. The mental attitude of the cripple is coloured by this tension and the situation may become so acute that facilities for mental hygiene must be called upon to aid in adjustment.

The frequency of the nurse's visits depends upon the physician's orders. Usually he advises treatment two or three times a week and it follows that the daily programme must be planned with great care so as to minimize time. Each patient is expected to be ready to receive the treatment, as the service is really by appointment system. The age of the patient, the extensiveness of the paralysis and his activities must be considered in planning the schedule.

The second type of service is follow-up supervision of the patient, the purpose of which is to urge the family to keep the patient under medical supervision and treatment. The nurse is also expected to inspect casts, apparatus and shoes and must recognize postural or other defects which require the attention of the physician. The interpretation of the recommendations of the physician to the parents is another of her responsibilities. These patients are visited every three to six months, or oftener, depending upon the need apparent at the time of the nurse's visit. Many patients are carried to adult life, and all are followed up until there is no further need of supervision.

It is essential that the nurse be familiar with all resources and know the activities of agencies interested in the care of the crippled. She is frequently called upon to arrange for convalescent or institutional care, education and vocational training.

Successful results are dependent upon the co-operation of all persons or agencies interested in the rehabilitation of the cripple. With understanding and intelligent application of their knowledge trained workers can make the long years ahead, less difficult for the parents, by giving them courage to carry on, and instilling in all the desire for rehabilitation, self reliance and independence.

Editor's Note: This article is the third and last of a series based on an address given by Miss Ballantyne at the Annual Meeting of the Registered Nurses Association of Ontario, on April 2, 1937.

WANTED

Instructress of Nurses, with preparation as such, for a School of forty students.

Apply to the Superintendent,

GENERAL AND MARINE HOSPITAL, OWEN SOUND, ONTARIO.

Nursing the Alcoholic Patient

In the June issue of the *Journal* we published a clear and sensible letter in which some extremely pertinent questions were raised concerning the nursing care of patients suffering from alcoholism. We referred this letter to the director of a nurses' registry and asked her to submit it to a physician who specializes in psychiatry. In order to round out this discussion of the nursing aspects of alcoholism we are reprinting the letter which initiated it:

I have recently read with considerable interest an article in *The American Journal of Nursing* entitled "Alcoholic episodes and their nursing care." There is, however, another angle of the question which I feel should not pass unnoticed. Could we have a frank discussion, through the medium of *The Canadian Nurse*, on the responsibility and duties of the nurse in regard to the alcoholic patient? An expression of opinion should be sought from the doctor and even from the patient himself as well as from the older and more experienced nurses.

It is felt by some of the nurses whom I know that young women are being asked to look after these patients and that their judgment in regard to them is open to question. They may be finding the situation difficult, or possibly are not even realizing its potential dangers.

Here are some questions which require the most careful consideration of physicians and nurses in order that these patients may be cared for under suitable conditions:

1. Should a nurse be requested to go to an hotel or apartment house to look after an alcoholic patient when there is no other woman present?

2. Should the nurse be expected to stay with that patient when he is allowed to entertain friends whose influence is not satisfactory under the circumstances?

3. Should a nurse be expected to travel with the patient?

4. When the doctor practically steps out of the picture, should the nurse remain on the case?

5. Some question with regard to the fees accepted for these cases has arisen at various times. This requires clarification.

We should like this discussion to be helpful and do not want it to be dismissed with the stereotyped assurance that "the right type of nurse will handle the situation satisfactorily."

The psychiatrist, to whom this letter was submitted, suggested these guiding principles:

It is very desirable that every nurse who is assigned to an alcoholic case shall have had psychopathic training. Otherwise, it is not fair either to the nurse or to the patient. Of course there is the occasional exception.

In my opinion, any unfortunate situations which may arise in cases of this kind are the fault of the doctor, who may not have taken sufficient interest to find out whether the patient requires a male nurse, or whether additional help for the nurse should be in attendance.

Alcoholic patients should be treated away from home, unless they can be isolated from family and friends. They should have two nurses—it is hopeless to try to treat them otherwise.

A nurse should not be expected to stay with a patient when he entertains friends whose influence is not satisfactory under the circumstances. The doctor should forbid such visitors.

The registry of which our correspondent is the director has formulated these regulations with respect to the assignment of nurses to cases of alcoholism:

No very young nurse should be assigned to an alcoholic case.

No nurse should be assigned to an alcoholic case except at the request of a physician.

Calls from individuals should not be filled by the Registry unless a physician is attending the patient.

No nurse should be asked to give nursing care to an alcoholic patient who is alone in an apartment. In a hotel, only when the doctor can vouch for the patient.

No nurse should be expected to remain with such a patient after the doctor ceases to attend him.

No nurse should be expected to travel with an alcoholic patient.

No nurse should be expected to accept twenty-four hour duty with an alcoholic case, nor twelve-hour duty on a difficult case.

An extra charge of one dollar per day may be made.

We direct the attention of our readers to the psychiatrist's recommendation that nurses should acquire experience in psychiatric nursing before attempting to care for these patients. We would go a step further and suggest that nurses should look upon alcoholism as a neurosis, and not as a moral lapse.

A FRIEND OF NURSES

Catherine M. Graham

Halifax was profoundly shocked when, on June 19, 1937, it became known that Mr. Hector McInnes, K.C., had passed suddenly from this world into the great Beyond. To none did this sad news bring more genuine regret and sorrow than to the members of the Registered Nurses Association of Nova Scotia.

Mr. McInnes was identified with the affairs of the Association from its earliest inception. He it was who drafted, in 1910, the Act of Incorporation which was the first step toward the goal of registration. In those early days, he was a tower of strength to the members, who were encountering many obstacles. He assisted in the framing of the by-laws, and when registration was finally secured in 1922, none rejoiced more heartily with the nurses than he. Mr. McInnes was keenly interested in the affairs of the Association and was never too busy to give that personal attention and thoughtfulness which money cannot repay. We feel we have indeed lost a friend. To those who knew him more intimately, the testimonials from the most prominent citizens of the whole Dominion, found an echo in our hearts. One and all paid tribute not alone to his legal ability, but also to his great goodness of heart, which overflowed in kindly acts of service, and to his reverence and regard for the things of God. Who shall say that this is not his most enduring monument—for it reaches into Eternity!

WANTED

An Instructress of Nurses is wanted for a School of Nursing in a 125 bed hospital in the Maritime Provinces. Enrolment fifty students. Duties to begin September 1. Salary $100 to $110 a month.

Address applications to Box 5, *The Canadian Nurse*,
Ste. 401, 1411 Crescent St., Montreal, P. Q.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Executive Committee Meeting

A meeting of the Executive Committee of the Canadian Nurses Association was held at the National Office, Montreal, on June 23. Those present were Miss R. M. Simpson, president; Miss G. M. Fairley, first vice-president; Miss M. L. Moag, second vice-president; Miss M. Lindeburgh, chairman, Nursing Education Section; Miss J. L. Church, chairman, Private Duty Section; and the following Councillors: Miss E. Cryderman (Ontario): Miss E. Flanagan, Miss M. Batson and Miss M. Brady (Quebec).

The next General Meeting of the Canadian Nurses Association will be held from July 4 to 9, 1938, in The Nova Scotian Hotel, Halifax, Nova Scotia, with the Registered Nursse Association of Nova Scotia acting as the hostess organization.

Excellent interim reports were presented by the three National Sections and the Provincial Associations of Registered Nurses. These reports have been summarized for publication in these Notes:

The Sections

The *Nursing Education Section* has given leadership through the Central Curriculum Committee to the organization of provincial sub-committees for study of the Proposed Curriculum and later, to help in the work of revision. The Central Curriculum Committee emphasizes encouragement of the study in all schools where qualified staff are in charge of the educational programme. Through the Committee on Instruction, critical study of the Proposed Curriculum, is stressed. The general plan for the next few years' work on the Curriculum was published in the January and February issues of the *Journal*.

The *Private Duty Section*, through the Educational Committee, prepared a comprehensive outline of subjects for study by the provincial sections. Already, the suggestions made in the outline have been used by groups in various localities. The Educational Committee will welcome suggestions for means of distributing information and is anxious to assist in furthering the educational programme in the provincial sections. The eight-hour day for private duty nurses in hospitals is being adopted by many cities and towns throughout Canada. Where the system has been in operation for some time, the greatest satisfaction has been expressed by patients, doctors and nurses. The resignation of the secretary-treasurer, Miss Helen Wills, has been accepted with regret. Miss Mary Ingram, of Ottawa, has been appointed secretary-treasurer until the General Meeting in 1938.

Committees active in the *Public Health Section* are Educational, Publication, Study of public health nursing in relation to social insurance schemes. The Section is considering revision of the questionnaire which is sent to the provincial sections and from which is compiled, for each biennial meeting, a report of the Section and the development of public health nursing in Canada. In British Columbia, study groups have been organised to consider problems arising in public health nursing. In Manitoba, informative meetings, together with a study group to consider the community health aspects of nursing education, have aroused interest in the Sec-

tion, which is making every effort to increase membership. The Public Health Section in Quebec is arranging for an interchange of speakers between the Teachers' and Nurses' Associatons. The health and community aspects in nursing education, as outlined in the Proposed Curriculum, are being studied. Upon the request of the Hydro-Electric Power Commission of Ontario, a list of graduate nurses employed in industrial nursing was compiled with the assistance of the Registrar's office and the Quebec Safety League. As a result of this activity, the Section has made an attempt to give further publicity to the importance of the nurse in industry.

The Provincial Associations

The report of each Provincial Association referred to increase in membership, to a study of the Proposed Curriculum and of the proposed plan for Dominion Registration of Nurses in Canada. A gratifying response to the appeal of the British Red Cross Bazaar in aid of the Florence Nightingale International Foundation was reported.

The *Alberta Association of Registered Nurses* is making a survey of the approved hospitals to ascertain the number of non-registered nurses employed in these hospitals. The aim of the Association is to secure a regulation by Order-in-Council, making it obligatory that only nurses registered in Alberta be employed on the staffs of hospitals. The president, assisted by the secretary, is undertaking, during the summer months, the organization of groups of registered nurses in the rural areas. The tentative dates fixed for the Conjoint Convention of the Association with that of the Alberta Hospital Association are November 15-17, 1937. The president of the Canadian Nurses Association, Miss R. M. Simpson, has been invited to be a guest of the Association during the convention.

Ten members registered for the International Council of Nurses Congress.

The *Registered Nurses Association of British Columbia* has completed arrangements for reciprocal registration with the Irish Free State and Southern Rhodesia. Both these countries have signed contracts and agree to British Columbia's conditions for registration, especially in reference to preliminary education and the required obstretrical training.

Nine members registered for the I.C.N. Congress.

The *Manitoba Association of Registered Nurses* and the Manitoba Hospital Association met together on June 24 and 25, in Brandon. The programme included a discussion of the Proposed Curriculum for Schools of Nursing in Canada from the point of view of the large and small schools of nursing and of a physician in a rural district. The secretary has begun to survey schools of nursing, the period for which has been extended in order to permit the required time for attention to other projects of the Association.

Six members registered for the I.C.N. Congress.

The *New Brunswick Association of Registered Nurses* will hold its annual meeting in St. Stephen on September 28 and 29, 1937. The Registry Committee has completed its survey and has compiled information obtained under several headings: Management under which the registry operates; qualifications of nurses using the registry; types of workers registered; method of call; employment situation. The superintendent of the Miramichi Hospital, Newcastle, has obtained the permission of the Hospital Board to suspend the school of nursing until such time as in the opinion of the superintendent, the school can be re-established upon a proper educational basis. To make it possible for

members of the Curriculum Committee to meet, travelling expenses will be met from the funds of the Association.

Eleven members registered for the I.C.N. Congress including the president and the executive secretary; the latter was granted six weeks leave-of-absence and a bonus as compensation for extra duties undertaken during the past year.

The annual meeting of the *Rgeistered Nurses Association of Nova Scotia* was held on June 17 and 18, 1937, in Amherst. Upon request from the Association, the Board of School Commissioners of the City of Halifax has pledged co-operation toward the employment of only those who are registered and in good standing in Nova Scotia as school nurses. The aid of the Minister of Health has been sought in an endeavour to secure the registration of all members of the nursing staff in one of the Provincial hospitals which apparently has omitted to enforce that regulation.

Eight members registered for the I.C.N. Congress.

The *Registered Nurses Association of Ontario*, within the year June 1936 to 1937 has increased its membership by twenty-four per cent. The rules and regulations relating to the registration of Nurses have been revised. The report on nursing service in Ontario is ready for distribution. A further study will be made in three districts in the autumn. The Nursing Education Section has asked the Board of Directors to appoint a committee which will form a link between schools of nursing in Ontario universities and the nurses of the Province. In May, over eighty nurses from all parts of Ontario, who are interested in tuberculosis work, enrolled for a refresher course at the School of Nursing, University of Toronto. The adoption of the eight-hour day for private duty nurses is reported in several additional localities. It is found that the eight-hour day is greatly assisting in the relief of unemployment and is promoting a more even distribution of work among nurses.

Ninety-two members registered for the I.C.N. Congress.

The *Registered Nurses Association of Prince Edward Island* held its annual meeting in Summerside early in June. Membership has now reached 104. Forty-eight members attended the annual meeting. Several proposed changes to the proposed plan for Dominion Registration of Nurses have been referred to the National Committee on Dominion Registration. After discussion on shorter hours in hospitals for private duty nurses, it was decided that further study of the question should be left entirely to the Private Duty Section, from which a report is requested for the next quarterly meeting of the Association. The Private Duty Section arranged for a course in psychology. Lectures were given bi-monthly and extended over four months.

The *Association of Registered Nurses of the Province of Quebec* has awarded two scholarships for the year 1937-38 which provide for a year at each of the Schools of Nursing connected with Universities in Montreal. One scholarship was awarded to an English-speaking nurse and the second, to a French-speaking member. Membership is increasing. Through the provision of a non-active list, the Association provides the protection of registration to 1498 members. A cordial relationship has been established between the Association and the Protestant Teachers Association of the Province in an effort to co-operate in education and health matters. The Association presented complimentary copies of the Proposed Curriculum to each of three English and three French leading high schools in the Province. A carefully planned campaign has resulted in the experiment in a Community Nurs-

ing Service Bureau, Montreal, which is receiving gratifying publicity. The Public Health Section, a bi-lingual group, is studying the problems confronting the experiment. The members of that Section have pledged their support by informing the public of the aims and objectives of the experiment. A Central Registry for French-speaking nurses which, after much effort, was organised in June, 1936, is developing successfully.

Forty-three members registered for the I.C.N. Congress.

The *Saskatchewan Registered Nurses Association* reports that the Advisory Committee on policies affecting schools of nursing has begun to function. The personnel of the committee includes one representative each from the Senate of the University of Saskatchewan, the Department of Public Health and the Saskatchewan Hospital Association, and four representatives from the Saskatchewan Registered Nurses Association. Successful refresher courses were held by the Nursing Education Section in Moose Jaw, Regina and Saskatoon. A conference of public health nurses, held in connection with a meeting of the Health Officials Association, discussed school health work. The eight-hour day and the reorganisation of registries are being seriously considered by the Private Duty Section. A growing interest, by lay organisations, in nursing as an important factor in meeting community needs is an encouraging development in Saskatchewan. Membership in the Association continues to increase.

Five members registered for the I.C.N. Congress.

Change of Address

Headquarters of the International Council of Nurses have been moved from Geneva to London, England. The address is 51, Palace Street, London, S.W. 1.

A Correction

In these *Notes* for June it was announced that, following the annual revision of the list of accredited schools of nursing, there are now 159 approved schools in Canada. That number should have been 169.

Nightingale Memorial

Further contributions to the Florence Nightingale Memorial Fund have been received as follows:

British Columbia

A.A., St. Eugene Hospital, Cranbrook	$10.00
Nursing Staff, Salmon Arm Hospital	2.50
Nursing Staff, Tranquille Sanatorium	12.00

Manitoba

Bureau of Child Hygiene, Winnipeg	$1.75
Industrial Nurses	2.25
Margaret Scott Nursing Mission, Winnipeg	1.25
Nursing Staff, Winnipeg School Board	3.50
Nursing Staff, Communicable Disease Dept., City of Winnipeg	.50
L. Kelly	.25

Nova Scotia

Halifax County Branch, Registered Nurses Association of Nova Scotia	10.00
Nursing Staff, New Waterford General Hospital	10.00

Ontario

Student Nurses, Toronto General Hospital	118.51
A.A., University of Toronto School of Nursing	10.00
A.A., St. Joseph's Hospital, Toronto	10.00
Student Council, Ontario Hospital, London	5.00
Student Nurses, Ontario Hospital, Hamilton	4.00

Quebec

Montreal Unit, Overseas Nursing Sisters Association	5.00

Saskatchewan

Saskatchewan Registered Nurses Association	300.00

EXAMINATION RESULTS

The Registered Nurses Association of Nova Scotia announces that the following nurses have been successful in passing their examinations for registration which were held in May. The first three names are in order of merit; the others are alphabetically arrranged: Miss H. M. Watson (Victoria General Hospital, Halifax); Sister Mary of Calvary (St. Martha's Hospital, Antigonish); Miss M. A. Ferguson (Victoria General Hospital, Halifax); Sister Agnes Gerard; A. Arbuckle; H. M. Armstrong; M. A. Archer; M. E. Barker; D. E. Boutilier; G. L. Byers; M. D. Coleman; U. R. Corkum; W. M. Creelman; E. Dakai; A. L. Davis; P. Francis; M. Gallant; M. J. Gillis; M. Giovannetti; E. Graham; F. A. Grant; E. M. Hammond; K. E. Hillier; M. B. Holder; E. L. A. King; A. LeMal; A. M. MacDonald; A. Myrtle MacDonald; I. M. MacIntosh; M. J. MacIntosh; M. H. McKenzie; D. M. MacLeod; C. M. Mahon; R. A. Matheson; E. L. Maynard; M. B. Meisner; E. K. Melanson; M. F. Mitchell; D. J. Moynagh; K. B. Nelson; K. M. Oxner; M. B. Rhude; K. V. Ross; George H. Taylor; Mrs. L. R. Taylor; V. B. Tilley; D. L. Watts; D. A. Wilkins; E. R. Williams.

The Registered Nurses Association of Nova Scotia deeply regrets the accidental death, on June 25, of Miss Jean Chandler and Miss Norma Nickerson, both of whom had successfully completed the required examinations.

RELIABLE INFORMATION

Canadian nurses who wish to get reliable information concerning the possibility of obtaining employment in the United States would do well to write to Miss C. M. Powell, The American Hospital Bureau, 1825 Empire State Building, New York. Miss Powell was for some years superintendent of nurses at the Winnipeg General Hospital and is therefore closely in touch with conditions in both countries. Enquiries addressed to her will not only receive prompt attention but will be passed upon by a competent authority.

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This summer . . . we shall not fare forth . . . to mountain, lake or sea . . . This sad deprivation . . . seems to concern us less . . . than it does a friend . . . who looks up dreamily . . . from a sheaf of travel folders . . . to murmur reproachfully . . . "You ought to get away" . . . Even when we showed her . . . our porch swing . . . she would not admit . . . that it could console us . . . for staying at home . . . "That moth-eaten old thing" said she disdainfully . . . not knowing its magic properties . . . As a matter of fact . . . we didn't know them either . . . because for four years . . . the swing has languished in a dusty cell . . . in the basement . . . to which we consign . . . old packing cases, broken umbrellas . . . and last year's hats . . . The previous tenant . . . from whom we inherited the swing . . . had seemed a bit wistful about parting with it . . . and now we know why . . . The other evening . . . we came home . . . hot and tired . . . to find our janitor . . . had dusted it off . . . and hung it up . . . We climbed into it . . . reclined at full length . . . and gazed up at the crescent moon . . . and the evening star . . . The branches of the acacia trees just below us . . . trembled in the breeze . . . the swing rocked gently . . . just like a birchbark canoe . . . on the calm waters . . . of a lake we used to know . . . There is no water-craft . . . more exquisitely made . . . than a birchbark canoe . . . and now it is a lost art . . . or almost . . . But we have watched one set up in its frame . . . and looked on while the cedar staves . . . were cunningly steamed and moulded . . . We have marvelled at the stretching and seasoning of the bark . . . smelled the pine pitch . . . bubbling in its iron pot . . . and helped to soften the tough fibres of the pine roots . . . which are used for stitching the gunwales . . . With not a single nail . . . to mar its beauty . . . it floated like a lily pad . . . and moved as swiftly as a silver fish . . . It would ride a rough sea . . . and you could fasten a blanket to a lodge pole . . . and sail her . . . if you dared . . . On a summer evening . . . if the lake was quite calm . . . you might ship your paddle . . . and lie down . . . and watch the stars prick out . . . one by one . . . But suddenly you felt . . . as if you were suspended in space . . . a terrifying sensation . . . which impelled you to rise cautiously . . . grasp your paddle . . . and make for shore . . . where the camp fire blazed . . . and there was laughter and singing . . . Man cannot look into the sky . . . for very long . . . Swaying in our swing . . . we found ourselves drifting . . . drifting . . . until we seemed to hear . . . the most beautiful sound on earth . . . the lapping of lake water on the stones . . . When all the travellers return . . . and ask us . . . where we spent the summer . . . we shall smile mysteriously . . . and tell them . . . that we went on a cruise to nowhere . . . E. J.

NEWS NOTES

ALBERTA

DRUMHELLER: The graduate nurses of Drumheller have formed an association. The following officers were elected for 1937-1938: honorary president, Mrs. T. M. McGarry; president, Mrs. T. Bennett; vice-president, Mrs. G. Millar; secretary-treasurer, Miss M. A. Smith; membership committee, Mrs. Dalgelish, Miss A. V. Wilson, and Miss B. Beattie.

LAMONT: The officers of the Alumnae Association of the Lamont Public Hospital for 1937-1938 are as follows: honorary president, Mrs. M. A. R. Young; president, Miss Olga Scheie; first vice-president, Mrs. G. Archer; second vice-president, Mrs. G. Harrold; secretary-treasurer, Mrs. B. I. Lone, Lamont, Alta.; corresponding secretary Miss F. E. Reid, 1009-20th Ave. W., Calgary; convener, social committee, Mrs. R. Shears.

BRITISH COLUMBIA

VANCOUVER: In the passing on May 30, 1937, of Mrs. Elizabeth Haslam Cameron, the Vancouver graduate nurses have suffered a severe loss. A graduate of Lowell General Hospital, Lowell, Mass., Mrs. Cameron lived and practised her profession in Vancouver during the greater part of her life. She was assistant registrar of the Central Directory for twelve years and her courteous, gentle manner will be missed by those who will no longer hear her voice in the night.

NEW BRUNSWICK

MONCTON: A well attended meeting of the Moncton Registered Nurses Association was held recently in the Nurses Home of the Moncton City Hospital. The president, Miss Florence Brean, presided. The speaker was Miss Constance Hayward, secretary of the Maritime Branch of the League of Nations for Canada. Her talk was most inspiring and we enjoyed learning about the aims and organization of the League of Nations in foreign countries as well as in our own. We are planning another talk by Miss Hayward and are aiming to have our organization associated with the Maritime Branch of the League of Nations.

MONCTON: Thirteen members of the graduating class of the Moncton City Hospital recently received their pins and diplomas at the graduating exercises. Miss MacMillan won the general proficiency prize and Miss Isabel Feindel received a case of instruments presented by the Moncton Registered Nurses Association for the highest standing in nursing. The special speaker was Dr. MacEachern, Associate Director of the American College of Surgeons. Certainly the graduates should have been inspired by such a speaker and a speech. It was an incentive to work faithfully and well. Dr. George Lyons administered the Florence Nightingale pledge. The graduating class were guests of the Association at a dinner when delightful music was supplied and dancing was enjoyed by the large number present. Following the graduating exercises, the graduates were entertained by Miss A. J. MacMaster, superintendent of the City Hospital.

WOODSTOCK: At the annual meeting of the Alumnae Association of the Fisher Memorial Hospital, the following officers were elected for the 1937-1938 season: president, Mrs. W. B. Manzer; vice-president, Mrs. W. G. Slipp; secretary, Mrs. Frank Hanson; treasurer, Mrs. Kenneth Haydon; executive committee: Mrs. Fulton, Mrs. Wort, and Miss Parker.

Married: At Moncton, N. B. on June 2, 1937, Miss Florence B. Laite (Children's Memorial Hospital, Montreal, 1924) to Mr. Robert A. Macnaughton.

ONTARIO

DISTRICT 1.

CHATHAM: The meeting of District 1, R.N.A.O. was held recently at St. Joseph's Hospital, Chatham. Miss Mabel Hoy of Windsor, chairman of the district presided, and extended cordial greetings. The Rev. Father Laverty offered the opening prayer. A welcome was extended by His Worship Mayor W. D. Colby and by Dr. Bryce Kendrick, president of St. Joseph's Hospital staff. Miss Nellie Gerard, of Windsor, convener of membership, stated that there are at present 575 members of the R.N.A.O. in this district, an increase of 130 since the last meeting. All reports of conveners were gratifying, the treasurer's report showing a good balance. Among the special speakers was Mr. A. B. Lucas, public school inspector, who gave some impressions of a visit to the Maritime Provinces. With their background of tradition there is no place in Canada that has more historic interest. The enchantment of the Annapolis Valley and the land of the Acadians was vividly described by the speaker. Dr. James Moriarty, chairman of the Chatham Board of Health, speaking on the crusade against syphilis, said that if the public would take a saner view of these

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matters ignorance might disappear, and it is mostly ignorance which renders social diseases so highly communicable. Miss Hoy reported briefly on the annual meeting of the R.N.A.O., stressing particularly Dominion Registration for Nurses. Members of the executive were entertained at a delightful luncheon by the Hospital staff. Following the afternoon meeting, the visiting nurses were entertained at tea, with members of both Alumnae Associations acting as hostesses. Ideal weather prevailed and tea was served on the Hospital grounds.

Districts 2 & 3

Brantford: Miss Dora Arnold (Brantford General Hospital) and Miss F. Kudoba (Stratford General Hospital) have recently completed a course in hospital administration at the University of Toronto School for Nurses. Miss Arnold has been appointed to the staff of the Brantford General Hospital as assistant superintendent, and Miss Kudoba has accepted a position at the Memorial Hospital, St. Thomas, as assistant superintendent.

Kitchener: The regular summer meeting of Districts 2 and 3, R.N.A.O. was held on the grounds of the Nurses Residence, Freeport Sanatorium, Kitchener, on June 23, the chairman Miss H. Potts, superintendent of the Woodstock General Hospital, presiding. Following the routine business and reports of activities within the District, (including a report of the Provincial Association Annual Meeting given by the secretary Miss H. Muir, Brantford) the following programme was presented: Miss Marjorie Buck, of Simcoe, outlined in a concise manner, the subject of Dominion Registration, and gave a report of the session on this question held at the annual meeting of the Provincial Association. Miss M. Baker of London, chairman of the private duty section of the R.N.A.O., gave a splendid paper on the eight-hour day for private duty nurses. Miss Mabel Dunham, of the Kitchener-Waterloo Public Library staff, spoke most comprehendingly on "Four English Women in Literature and Politics", outlining the lives and literary accomplishments of Mrs. Pankhurst, Lady Rhondda, Vera Brittain, and Winnifred Holtby. The Kitchener-Waterloo Chapter, R.N.A.O., were hostesses at the delightful picnic supper, which closed this well attended meeting.

Woodstock: Miss Olive Jefferson, a graduate of the School of Nursing of the Woodstock General Hospital, has completed a course in teaching and ward supervision at the University of Toronto School for Nurses.

District 4

Hamilton: Twenty-one members of the graduating class of 1937 of the School of Nursing of St. Joseph's Hospital were

guests of honour of the Alumnae Association, recently, at a most enjoyable dinner-dance. The president, Miss Quinn, received and during the dinner proposed a toast to the graduating class. Miss Webb, past president of the student body, replied.

The student nurses of St. Joseph's Hospital entertained and made a presentation recently to Miss Agnes Smith, a graduate of the School, who attended the International Congress of Nurses.

Married: Recently, Miss Gertrude Brick to Mr. Frank Greenlee.

District 5

Toronto: The graduation exercises of the School of Nursing of the Hospital for Sick Children took place recently in Convocation Hall, Unversity of Toronto. The report of the School was given by the superintendent of nurses, Miss P. Beatrice Austin, and Dr. J. L. Biggar gave the address to the new graduates. The members of the class were entertained at dinner by the graduate staff, at a dance by the Alumnae Association, and at afternoon tea by the Training School.

Miss Mary Ingham, who has been a member of the staff of the Toronto General Hospital has accepted a position as superintendent of the Moose Jaw General Hospital. Miss Lillian Morton, who has been assistant night supervisor at the Hospital for Sick Children, has been appoined superintendent of the Iroquois Falls Hospital.

Miss Hazel Elliott, Miss Alice Boxill and Miss Jean Masten, members of the staff of the Hospital for Sick Children, attended the International Congress of Nurses in London. Miss Audrey Graham, of the staff of the H. S. C., has left on an extended trip to Japan.

Married: On June 2, 1937, Doris Atherton (H.S.C., 1935) to Mr. V. A. Hall.

Toronto: The Alumnae Association of the Women's College Hospital has elected the following officers for 1937-1938: honorary president, Mrs. Bowman; honorary vice-president, Miss Meiklejohn; president, Miss Fraser, Women's College Hospital; secretary, Miss Macham, Women's College Hospital; treasurer, Miss Free, 48 Northumberland Street.

Toronto: To celebrate the twenty-fifth anniversary of the Wellesley Hospital, the Alumnae Association recently held a reunion. Four days of happy gatherings in which old times were discussed, and old friendships renewed. During the twenty-five years 500,000 patients have passed through the Hospital, and 449 nurses have graduated. Tribute was paid to the late Elizabeth G. Flaws, superintendent of the hospital from 1912 until her death in 1926, who helped build up the training school.

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About three hundred nurses from Canada and the United States attended the reunion which commenced with a luncheon at the Royal Canadian Yacht Club. A business meeting followed when Miss Richardes, president, was presented with a fitted dressing case and Miss Carson, the secretary-treasurer, with a motor rug, in appreciation of all their work for the reunion. Members of the first graduating class were made honorary members, also Miss Helen Carruthers, registrar of the Central Registry. A dance took place that evening at which Dr. and Mrs. J. W. Rush, Dr. and Mrs. D. Jordan, Dr. and Mrs. H. W. Johnston, Dr. and Mrs. W. E. L. Sparks, Miss Elsie Jones, and Miss Louise Richardes received.

Graduation was held on June 30, and was a colourful and largely attended affair. His Honour, the Lieutenant Governor and Mrs. Bruce, Canon and Mrs. Cody, Mr. and Mrs. Carlisle, Mr. and Mrs. Gordon Osler, Dr. and Mrs. K. J. MacMillan, Mr. Flath, Mrs. A. S. Moorhead, Mrs. W. P. Caven, Miss Elsie Jones and Miss Richardes were on the platform. Mrs. H. A. Bruce presented the diplomas. In the evening a banquet was held when more than two hundred were present. Dr. H. A. Bruce, Mr. Carlisle, the Hon. Mr. Charles McCrae, and Mr. John Bickle addressed the gathering. Mrs. Harold Grice (Ina Onslow) was the toast mistress. Dr. and Mrs. Bruce entertained on July 1, at a Government House reception in honour of the graduates. Their gracious hospitality, the beautiful rooms, and gardens were much appreciated. To end the festivities, Dr. and Mrs. R. J. MacMillan, entertained at their farm. Unfortunately rain marred the occasion, but in spite of it over three hundred guests gathered under a marquee where tea was served. Between showers, they enjoyed the lovely woodland walk to a natural swimming pool. The skirl of the pipes and the swing of the kilts, as two pipers marched back and forth, made it a gala event for everyone with a drop of Scotch blood. No rain can banish the thrill of the pipes! With happy memories we return to our homes and our work, hoping at some future date for another reunion.

Married: On April 2, 1937, Miss Elva M. Oliver (W. H., 1930), to Mr. Robert Stuart Warwick.

Married: On May 1, 1937, Miss Merle Bull (W. H., 1936), to Mr. John Alex. Pursley.

Married: On June 5, 1937, Miss Ruth Temple (W. H., 1935), to Mr. Douglas Mather.

District 7

KINGSTON: The graduation exercises of the class of 1937 of the Hôtel Dieu Hospital School of Nursing were held recently in the hospital grounds. The stage, with its

background of the grotto, beautifully decorated with flowers, provided an unusual and delightful setting. Mayor C. A. Dalton presided over the ceremonies and the Rev. Dr. J. L. Byrne addressed the graduating class. The diplomas were presented by the Rev. S. Le Sage, Chaplain of the Hôtel Dieu. Miss H. B. Lawlor, president of the Alumnae Association, presented the pins. His Excellency, Archbishop O'Brien, in presenting the gold medal to Miss Kathleen Merau, heartily congratulated the graduates and extended every good wish for their future. The silver medal was presented to Miss Elizabeth Jemer. Following the exercises, a reception was held in honour of the class. In the evening, the new graduates were guests of the Intermediate Class at a delightful dance. They were also entertained at a dance given by the Alumnae Association, and at dinner by the Rev. Sister Donovan, and the Sisters of the Hôtel Dieu.

KINGSTON: The following nurses, who have completed their affiliations in various hospitals in Toronto, have been recently appointed to the nursing staff of the Ontario Hospital, Kingston: Miss C. Dolan, Miss Dorothy McDonald, Miss L. Waffle, Miss J. Chisholm. Miss Rita Laurin and Miss Elizabeth Gregg (H.D.H., 1936) have been appointed to the nursing staff of St. John's Riverside Hospital, Yorkers, N. Y. Miss Rose Buhler (H.D.H., 1935) and Miss Mary Black (H.D.H., 1936) also have obtained positions as staff nurses in the same hospital. Miss Rose Fowler has resigned from the staff of the Ontario Hospital, Kingston.

Married: Recently, Miss MacLeeder (O.H., Kingston, 1931) to Mr. James Beseau.

Married: Recently, Miss Dorothy McGinnis (O.H., Kingston, 1934) to Mr. Austen Kennedy.

DISTRICT 8

OTTAWA: Miss Maude Hall presided over the meeting of District 8, R.N.A.O. held recently at the Ottawa Civic Hospital. Miss Hall stated that a drive for membership in the provincial Association had resulted in 833 new members. The organization has grown from 574 in 1926 to more than 3,000. In District 8, membership is 392. Reports of the R.N.A.O. meeting held in London were given by Miss Gertrude Ferguson and Miss Dorothy Kelly. Dr. George Armstrong spoke at the afternoon session on "Orthopedic Nursing," and the vote of thanks was moved by Miss Louise Beeman and Miss Evelyn Pepper. Mrs. Mary McCallum Sutherland, a member of the National Employment Commission, dealt with "Some phases of unemployment" at the evening session, and she was thanked by Miss Jean Church and Miss Molly Black.

Ottawa members who attended the meetings of the Internaional Council of Nurses

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ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC

The Fall examinations for qualification as "Registered Nurse" will be held in Montreal and elsewhere on October 25th, 26th and 27th, 1937.

Application forms and all information may be procured from the Registrar. All applications must be in the office of the Association by September 30th.

NO APPLICATION WILL BE CONSIDERED AFTER THAT DATE.

Results of examinations will be published on or about December 7th, 1937.

E. FRANCES UPTON, R.N.
Executive Secretary and Registrar,
Suite 1019, Medical Arts Bldg.,
1538 Sherbrooke St. West, Montreal.

were: Miss Elizabeth Smellie, R.R.C., C.B.E., Miss Effie McIlraith, Miss Edith Stevenson, and Miss Jean Church.

Through the permanent education fund, funds are available to members of the R.N.A.O., to assist in postgraduate training in nursing.

Ottawa: The following nurses from the X-ray Department, Ottawa Civic Hospital, attended the convention on radiology recently held in Toronto: Miss Evelyn Pepper, Miss Grace Froats, Miss Elma Coon.

Ottawa: Miss Mary Ingram (L.S.I.) has been recently appointed to the staff of the Royal Ottawa Sanatorium, as X-ray technician.

Ottawa: Miss Marcelle Rochon (O.G.H., 1931) has sailed for Belgium, where her marriage will take place.

District 9

New Liskeard: The six Chapters in District 9, R.N.A.O., have had their annual meetings and elected their new chairman and officers for 1937-38. District 9 selected a fine print of the Old Beaver Mine, in Cobalt, Ontario, as their contribution to the International Red Cross Bazaar in London, England.

The executive committee and nurses of District 9 are assisting in extending the survey on distribution of nursing service for the non-hospitalized sick. Preparations are being made to hold the annual meeting in Timmins, on September 25, 1937.

QUEBEC

Montreal: Royal Victoria Hospital: Miss Norma Jamieson (R.V.H., 1930) formerly instructor of nurses at the Sherbrooke Hospital, has been appointed assistant superintendent of Prince Edward Island Hospital, Charlottetown. Miss Winifred MacLean (R.V.H.) superintendent of the Orillia Memorial Hospital, Campbellton, New Brunswick, has resigned. Miss Lillian Pidgeon (R.V.H.,) succeeds her. Miss Phyllis Richardson (R.V.H., 1929) is taking a course in anaesthesia at Johns Hopkins Hospital, Baltimore. Miss Ruth Ross (R.V.H., 1928) one of the public health nurses of Prince Edward Island, has moved from King's County to Prince County. Miss Doris Tait (R.V.H., 1936), Miss Jean Rutherford (R.V.H., 1936), Miss Margaret Mowatt (R.V.H., 1937) have been appointed to the nursing staff. Miss Marguerite Purke (R.V.H., 1934) has resigned from the operating staff. Miss Gertrude Yeats and Miss Thelma MacKenzie have returned to the staff of the Royal Victoria Hospital.

Married: On June 30, 1937, Miss Helen Touzel (R.V.H., 1929) to Dr. R. C. Kimberley

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Married: On July 3, 1937, Miss Margaret Hickey (R.V.H., 1935), to Mr. R. F. Gray.

Married: Recently, Miss Rhoda A. Swan (R.V.H., 1929), to Mr. L. R. Clibbon.

MONTREAL: At the recent Convocation of McGill University the following graduates of the School for Nurses of the Montreal General Hospital received certificates in public health nursing: Miss C. Small (1926), Miss B. Elizabeth Steele (1932), Miss Ethel M. Grindley (1935), Miss Winnifred E. King (1930), Miss Elsie P. King (1932). Miss Cicely Manley (1930) received the degree of Bachelor of Civil Law.

Graduation took place on June 17, when Dr. Fraser B. Gurd addressed the fifty-three nurses of the graduating class. Prizes for general proficiency were presented by the Board of Management to Miss A. B. McLauchlan and Miss L. M. Fife. The Mildred Hope Forbes prizes for highest aggregate marks during the year were presented to Miss R. I. Brook and Miss I. L. Snider. On the previous evening the Alumnae Association entertained the young graduates at dinner. Miss Marion Lindeburgh was the guest speaker.

Married: On April 22, 1937, Miss Jean M. Donaldson (M.G.H., 1927) to Mr. G. Stroud.

Married: On May 15, 1937, Miss F. Marjorie MacKinnon (M.G.H., 1932) to Dr. J. R. Forrest.

Married: On June 5, 1937, Miss Marjorie E. Lamont (M.G.H., 1933) to Mr. William A. Martinson.

Married: On June 12, 1937, Miss Margaret Campbell (M.G.H., 1929) to Mr. Reginald H. Brown.

Married: On June 19, 1937, Miss Isabelle F. Gemeroy (M.G.H., 1932) to Mr. John Vernon Keyes.

MONTREAL: Festivities recently marked the golden jubilee of Sister Helen Morrisey, an honoured member of the Religious Hospitallers of St. Joseph of the Hotel Dieu of Montreal. A reception was held at the Hospital in her honour when a short play was presented, depicting the appeal made by Jeanne Mance to Ann of Austria for aid in her venture in new France. A large and representative audience assembled to express appreciation of Sister Morrisey's fine contribution to the care of the sick of Montreal.

MONTREAL: Miss Therese Maynard, graduate of the St. Charles Hospital of St. Hyacinthe, has been awarded the Province of Quebec Registered Nurses' Association scholarship for 1936-1937. After a stay at St. Luke's Hospital, Miss Maynard followed courses in sociology at the Marguerite d'Youville Institute and is now stationed at the Pasteur Institute, specializing in contagious diseases. In September, Miss Maynard will follow a course in applied social hygiene at the University of Montreal.

MONTREAL: Miss Elizabeth Ross recently commenced her duties as superintendent of nurses at the Homeopathic Hospital. Miss Ross is a graduate of the School for Nurses of the Montreal General Hospital and has had a distinguished professional career.

Miss M. Collins, Miss G. Nutall, Miss G. Crossfield sailed on July 9 to attend the I.C.N. Congress. Mrs. B. Hebb has been appointed to the operating room staff.

WANTED

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MONTREAL: Le Registre Ville-Marie recently completed its first year of operation and its annual meeting, held at the l'Hôpital Notre-Dame, proved to be quite a gala occasion. This registry was formed by a fusion of independent registries previously maintained in the large majority of the French hospitals in Montreal and has already demonstrated the value of co-operation in such enterprizes. The president of the bureau of direction is Mademoiselle Martineau, and Mademoiselle Turgeon is the secretary. Excellent reports were given by them and by the registrar, Mademoiselle Brossard. The meeting closed with a dramatic demonstration of preparation for a confinement in a home. This proved to be both informative and amusing. Those participating were Mesdemoiselles J. Gauthier and J. Cote, both of whom are members of the staff of the Metropolitan Insurance Company.

MONTREAL: Miss Louise Destromp (C.M.H., 1932) is taking a postgraduate course at the Children's Hospital of Boston. Miss Sylvia Fisk (C.M.H., 1933) has resigned from the staff of the Children's Memorial Hospital to do civil service work at St. Anne de Bellevue. Miss Elizabeth Fox (C.M.H., 1933) has been appointed superviser of the medical ward.

Miss Ruth Osborne (C.M.H., 1928) is attending the I.C.N. Congress in London.

SASKATCHEWAN

SASKATOON: The officers of the Alumnae Association of the Saskatoon City Hospital for 1937-1938 are as follows: honorary president, Miss E. Amas; president, Miss G. Munro; first vice-president, Miss A. Johnson; second vice-president, Miss J. Wells; recordng secretary, Miss E. Graham; corresponding secretary, Miss P. Hauk; treasurer, Miss E. Bryce; Committee conveners: visiting, Miss H. Gruhlke; programme, Miss M. Bie; social, Miss G. Calder; ways and means, Miss V. Walker; press, Miss M. Flemming.

Married: At Humboldt, Sask., recently, Miss Edith Marie Stephen (St. Joseph's Hospital, Winnipeg, 1931) to Mr. Horace Arthur Houghton.

THE INTERNATIONAL BAZAAR

It is gratifying to learn that the support given by Canadian nurses to the International Red Cross Bazaar is cordially appreciated by the British Red Cross Society. The following excerpt is quoted from a letter addressed to the *Journal* by Dr. J. L. Biggar, National Commissioner of the Canadian Red Cross Society:

"Lt.-Gen. Sir Harold B. Fawcus, Director-General of the British Red Cross, has asked me to convey the thanks of the British Red Cross to all those who contributed articles to the International Red Cross Bazaar. He says that he wishes he could thank each donor personally but realizes that this is impossible. He also says that Miss A. Arnaud, a member of the Canadian Women's Club in London, who was asked by the High Commissioner for Canada to take charge of the Canadian booth, is perfectly delighted with the beautiful gifts that have been sent forward."

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Officers

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Second Vice-President ..... Miss M. L. Moag, 1246 Bishop Street, Montreal, P.Q.
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Honorary Treasurer ..... Miss M. Murdoch, General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: (1) *President, Provincial Nurses Association;* (2) *Chairman, Nursing Education Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, Private Duty Section.*

Alberta: (1) Miss Kate S. Brighty, Administration Building, Edmonton; (2) Miss H. S. Peters, University Hospital, Edmonton; (3) Miss R. Chittick, Normal School, Calgary; (4) Mrs. M. Tobin, 385-4th Street, Medicine Hat.

British Columbia: (1) Miss G. M. Fairley, General Hospital, Vancouver; (2) Miss A. Cavers, Vancouver General Hospital; (3) Miss M. Kerr, Eburne; (4) Miss M. Teulon, 4237 Granville St., Vancouver.

Manitoba: (1) Miss Edith McDowell, Nurses Residence, General Hospital, Winnipeg; (2) Miss E. Mallory, Children's Hospital, Winnipeg; (3) Miss I. Broadfoot, Health Unit, City Hall, St. Boniface; (4) Miss A. McIntyre, Ste. 8 Agnes Apts., Agnes and Ellice Ave., Winnipeg.

New Brunswick: (1) Mrs. G. E. Van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Kathleen Lawson, 84 Wright St., Saint John.

Nova Scotia: (1) Miss Marion Haliburton, 40 South St., Halifax; (2) Miss Eleanor Grew, Children's Hospital, Halifax; (3) Miss A. Slattery, Windsor; (4) Miss Anna Brennan, 53 Pine St., Dartmouth.

Ontario: (1) Miss E. Cryderman, 281 Sherbourne St., Toronto; (2) Miss R. M. Beamish, Toronto Western Hospital, Toronto; (3) Miss M. Walker, Institute of Public Health, London; (4) Miss Madalene Baker, 249 Victoria St., London.

Prince Edward Island: (1) Sr. Stanislaus, Charlottetown Hospital, Charlottetown; (2) Miss Anna Mair, P. E. I. Hospital, Charlottetown; (3) Miss Ina Gillan, 277 Kent St., Charlottetown; (4) Miss G. MacGuigan, Charlottetown Hospital, Charlottetown.

Quebec: (1) Miss M. L. Moag, 1246 Bishop St., Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss M. I. Brady, 1421 Atwater Ave., Montreal; (4) Miss M. Craig, Apt. 93, Linton Apts., Montreal.

Saskatchewan: (1) Miss A. F. Lawrie, Regina General Hospital, Regina; (2) Miss Edith Amas, City Hospital, Saskatoon; (3) Miss Ann Morton, Weyburn; (4) Miss Helen Jolly, 1301 15th. Ave., Regina.

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Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

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COUNCILLORS: **Alberta:** Miss H. S. Peters, University Hospital, Edmonton. **British Columbia:** Miss A. Cavers, Vancouver General Hospital. **Manitoba:** Miss E. Mallory, The Children's Hospital, Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton. **Nova Scotia:** Miss Eleanor Grew, Children's Hospital, Halifax. **Ontario:** Miss R. M. Beamish, Toronto Western Hospital, Toronto. **Prince Edward Island:** Miss Anna Mair, P.E.I. Hospital, Charlottetown. **Quebec:** Miss M. Batson, The Montreal General Hospital, Montreal. **Saskatchewan:** Miss E. Amas, City Hospital, Saskatoon.

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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Regina Registered Nurses Association

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Associations of Graduate Nurses

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Nelson Registered Nurses Association

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